



THE OFFICE OF STATE TREASURER & RECEIVER GENERAL  
STEVEN GROSSMAN  
COMMONWEALTH COVENANT FUND  
EMPLOYER CERTIFICATION AND RELEASE FORM  
PHONE: 617-367-6900  
[CCF@TRE.STATE.MA.US](mailto:CCF@TRE.STATE.MA.US)

**APPLICANT RELEASE - TO BE COMPLETED BY CCF APPLICANT**

I, \_\_\_\_\_ (**Print Full Name**) the undersigned,  
release my employer \_\_\_\_\_ to confirm information regarding my  
employment.

I also understand that the Office of State Treasurer and Receiver General, CCF staff may contact  
my employer at any time regarding verification of my employment.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**EMPLOYER CERTIFICATION  
TO BE COMPLETED BY APPLICANT'S EMPLOYER/HUMAN RESOURCES DEPARTMENT**

\_\_\_\_\_ is currently a full-time employee at  
(**Print Employee's Full Name**)

\_\_\_\_\_ as a \_\_\_\_\_  
(**Provide Employer's Name and Employee's Job Title**)

as of \_\_\_\_\_ (**MM/DD/YYYY**) with a current annual salary of \_\_\_\_\_.

**HUMAN RESOURCES CONTACT INFORMATION**

Name: \_\_\_\_\_

Title: \_\_\_\_\_ Phone: \_\_\_\_\_

E-Mail: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_